



**Public Health:
Public University Student Health Centers:
Abortion by Medication Techniques
(Senate Bill 24)**

Annual Report to the Governor and Legislature
2020-2021

Prepared by:
California Commission on the Status of Women and Girls

Table of Contents

Executive Summary	- 2 -
Background.....	- 3 -
Legislative Reporting Requirements	- 4 -
Summary of How Legislative Requirements Were Met.....	- 5 -
Reports from the Universities	- 6 -
University of California Office of the President	6
University of California Hastings	18
California State University	19

Executive Summary

This report is required pursuant to Senate Bill 24 (Chapter 740, Statutes of 2019), which is an act to add Chapter 5.5 (commencing with Section 99250) to Part 65 of Division 14 of Title 3 of the Education Code, relating to public health, and making an appropriation requirement. Senate Bill 24 (SB 24), hereafter referred to as the College Student Right to Access Act, requires, on and after January 1, 2023, each student health care services clinic on a California State University or University of California campus to offer abortion by medication techniques, as specified. The bill requires the Commission on the Status of Women and Girls to administer the College Student Health Center Sexual and Reproductive Health Preparation Fund, which the bill establishes. The bill continuously appropriates the monies in that fund to the Commission for allocations to each public university student health care services clinic for specified activities in preparation for providing abortion by medication techniques, thereby making an appropriation.

The bill requires the Commission to submit a report to the Legislature, on or before December 31, 2021, and on or before December 31 of every year thereafter until December 31, 2026, that includes, but is not necessarily limited to, specified information relating to abortion by medication techniques at these student health clinics.

A total of **\$2,371,521** was expended during this reporting period for fiscal year 2020-2021. The Commission's fiscal reporting includes an expenditure narrative and a budget narrative.

For questions regarding this report, please email info@women.ca.gov. This report is available on the California Commission on the Status of Women and Girls' web page www.women.ca.gov.

Background

The California Commission on the Status of Women and Girls (CCSWG) encourages women and girl serving organizations to institute local self-help activities designed to meet the educational, employment, and related needs of California's women and girls. The Commission makes regular reports on its activities, findings, and recommendations to the Legislature.

The Commission also reviews state laws regarding the civil and political rights of women, and we strive to act as an information center for the women and girls of California on issues that affect the lives of women and girls.

The Commission also recommends, develops, or coordinates materials, projects, or other activities, and provides technical and consultative advice to public or private groups or persons concerned with preventing or minimizing problems brought about by the changing roles and responsibilities of women, and developing programs to support the women and girls of California.

Areas of focus include but are not limited to:

- Gender equity in the media.
- Educational needs of women and girls.
- Gender in the workplace and employment.
- Health, reproductive Health, and safety of women and girls.
- Women in the military, women veterans, and military families.
- The effect of social attitudes and pressures and economic considerations in shaping the roles to be assumed by women in society.

The Commission's Programs Division administers and oversees the funding for preparing public universities to implement medication by abortion techniques, which is a fundamental right and an essential part of sexual and reproductive health care. The California Right to Access Act prepares public universities to provide abortion by medication techniques to pregnant persons. The Commission's responsibility includes administering the college student health preparation fund, providing non-monetary assistance and support, and reporting duties.

Legislative Reporting Requirements

This report and any associated data collection, has been conducted in accordance with state and federal privacy law, including, but not necessarily limited to, the state Confidentiality of Medical Information Act (Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code), the federal Family Educational Rights and Privacy Act of 1974 (20 U.S.C. Sec. 1232g), and the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191).

The College Student Right to Access Act requires CCSWG to administer the College Student Health Center Sexual and Reproductive Health Preparation Fund and to allocate those funds to the universities for specified grants for purposes of the bill. A total of at least **\$10,290,000** in private funds is made available.

Legislation requires the Commission to submit an annual report to the Legislature, on or before December 31, 2021, and on or before December 31 of every year thereafter, until December 31, 2026.

Reports include the following information as directed by the Legislature:

- a) The number of student health centers that provide medication techniques.
- b) The number of medication abortions performed at student health centers (disaggregated) by each student health center.
- c) The total amount of funds received by each system and provided to the student health centers for medication abortion readiness. And, separately, the total amount of other funds expended on abortion readiness and the source of those funds.

The Commission is required to disseminate two hundred thousand dollars (\$200,000) to each public university student health center to pay for the cost, both direct and indirect, of medication abortion readiness. The allowable expenses under this grant include, but are not limited to the following:

- 1) Purchase of equipment used in the provision of abortion by medication techniques.
- 2) Facility and security upgrades.
- 3) Costs associated with enabling the campus health center to deliver telehealth services.
- 4) Costs associated with training staff in the provision of abortion by medication techniques.
- 5) Staff cost reimbursement and clinical revenue offset while staff are in trainings.
- 6) Provide 24-hour back-up medical support by telephone to patients who have obtained abortion by medication techniques at a public university student health center.
- 7) One-time fees associated with establishing a corporate account to provide telehealth services.
- 8) Billing specialist consultation.

Summary of Activities

Provided in this annual report to the Legislature is a summary of activities reported by the California State University (CSU), UC Hastings College of the Law (UC Hastings), and University of California Office of the President (UCOP) grantees describing the use of grant funds during the 2020–2021 fiscal year.

Priority Activities Commenced:

Executive Leadership Teams from California State University (CSU), UC Hastings, and University of California Office of the President (UCOP) met quarterly via phone and video conference.

1. State Leadership Team
 - Consists of Program Director from the California Commission on the Status of Women and Girls and Legal Counsel.
2. University of California Office of the President (UCOP) representatives.
 - Consists of the Chief Medical Officer, Financial Analyst, and Analyst.
3. University of California Hastings Representatives.
 - Consists of the Dean of Students and Legal Counsel.
4. California State University (CSU) representatives.
 - Consists of the Interim Systemwide Director of Student Wellness & Basic Needs Initiatives, and the Dean of Students.
5. The Commission has also included volunteers from privately funded businesses such as Essential Access Health (EAH) and Unite for Reproductive and Gender Equity (URGE) who have provided resources such as training, medical experts and ongoing new developments that will be available under this implementation.

In addition to the above activities; there was an established a process that includes an implementation plan for operational readiness for each CSU and University, as well as a financial tracking mechanism for the College Student Right to Access Act allocations for each CSU and University.

Financial Reports for Implementation

University of California Office of the President (UCOP)

The University of California Student Health Services (SHS) centers have made substantial progress in readying their clinical centers to provide medication abortion services to students at each UC campus by January 1, 2023. It should be noted, however, that overall systemwide progress and campus-specific progress in preparing to offer these services at each SHS center has been hampered by:

1. Delayed receipt of College Student Right to Access Act implementation funds until December 2020.
2. The need for each SHS center to prioritize its effort and resource allocations to the provision of an effective ongoing response to the COVID-19 Pandemic, including:
 - A. The provision of a large volume of remote and in-person COVID-19 related services from March 2020 through fiscal year 2020-2021.
 - B. The development of additional infrastructure, processes, and intensive support to enable the full re-opening of UC campuses for the fall 2021 academic term, including implementation of large-scale tracking systems to document compliance with mandatory COVID-19 vaccination for all campus-based students, staff, and faculty for the fall 2021 term.

Despite these impediments, good progress has been made on systemwide preparations and infrastructure. Three UC campuses have begun providing these services as their specific circumstances have allowed. We anticipate continued progress during the upcoming academic year, with two additional campuses planning to start provision of these services this year and anticipate that all remaining UC campuses will be providing these services in compliance with the January 1, 2023, deadline.

This report will review projects that have been undertaken to fully prepare the UC system to offer consistent medication abortion services to students on all UC campuses and assure the safety and quality of services provided. UC also plans to assess patient satisfaction with services received. This report will review the number of services provided at each participating campus for FY 2020-2021 and financial data on readiness expenses that have been incurred by the campuses in FY 2020-21, for which reimbursement has been requested from SB 24 funds. This report will also outline initial central expenses incurred by the UC Office of the President for development of systemwide infrastructure, processes, and documentation systems to implement the provisions of the College Student Right to Access Act.

Initial Steps:

During the latter half of calendar year 2020, the University of California Office of the President (UCOP) engaged with the new leadership of the CCSWG in an iterative MOU process. It culminated in an Inter-Agency Agreement (IAA) that outlined roles and responsibilities of both organizations, with signatures on this agreement being completed in August 2020. This document served as the basis for CCSWG awarding the funding provided for by the College Student Right to Access Act to UCOP, and the UC campuses to begin readiness preparations for providing medication abortion services by 2023. Funding was officially received by UCOP in December 2020.

Operational Readiness Projects Completed:

1. Following passage of the College Student Right to Access Act, the systemwide UC Student Health Medication Abortion Workgroup was established, which has met monthly to share best practices, troubleshoot implementation issues, decide upon standardized Quality Assurance and Patient Satisfaction Survey metrics, and review individual campus progress.
2. Consensus agreement was obtained by UC Student Health Services (SHS) Medical Directors to proceed with standardized NAF clinical protocol at all UC SHS clinics.
3. Training requirements and standardized privileging forms for Limited Pelvic Ultrasound for Early Pregnancy Dating and for Provision of Medication Abortion services were created. These were approved by the SHS Medical Directors in September 2020 and are being implemented at all UC SHS clinics as providers apply for these privileges.
4. Standardized documentation templates were created in the Point and Click Electronic Medical Record (EHR) to capture key documentation elements in the provision of this service. These are being made available to all UC SHS clinics with additional workflow customization as necessary.
5. A standardized Quality Assurance (QA) reporting field was created to assess health outcomes following delivery of these services at all UC SHS clinics, and to eventually enable automated data collection for internal QA reporting purposes.
6. A standardized Patient Satisfaction Survey instrument was developed to assess patient experience after receiving these services, to be administered four weeks following the date of service.
7. A group purchasing contract was created by UC Health and UCOP Procurement, which has enabled SHS centers to obtain leveraged group pricing for ultrasound machines for pregnancy dating.
8. SHS facility Physical Security Assessments were completed by Marsh in August 2021.

Financial Readiness Projects Completed:

Development of Appropriate Financial Tracking Mechanisms for College Student Right to Access Act Allocations

Overview: UC Health has engaged with the UCOP Office of Research Planning Analysis and Coordination (RPAC) to set-up up the systemwide infrastructure to receive and allocate funds from CCSWG for allowable reimbursements related to College Student Right to Access Act implementation. Each campus works independently with its local Research Contracts and Grants Office to establish an accountable Principal Investigator, draft proposed budgets, and develop Multi-Campus Agreements (MCA) for fund distribution.

Process for College Student Right to Access Act reimbursement allocation tracking: Once each campus has an approved Multi-Campus Agreement (MCA), the campus Student Health Services (SHS) units submit the following:

1. For medication abortion readiness expenses that are allowable under the Memorandum of Understanding (MOU) between CCSWG and UCOP:
Campuses submit an itemized invoice to:
 - A. UC Health for expense tracking
 - B. Their local campus Research Contracts and Grants Office (RCGO) for requesting allowable reimbursements from College Student Right to Access Act funds
 - i. Local CGOs complete their processes and submit Intercampus Request for Reimbursement (IRR) to UC Health for approval
 - ii. UC Health team (Chief Medical Officer, Financial analyst and Analyst) evaluate each IRR and approve/deny based upon MOU criteria and documentation received for allowable expense categories
 1. Approved IRR's are reimbursed by UC Health from College Student Right to Access Act funds and tracked on itemized expense database.
 2. Denied IRRs result in request for additional information.
 3. Upheld denials are not to be reimbursed with College Student Right to Access Act funds.
2. Financial reporting of readiness expenditures from College Student Right to Access Act and other fund sources: Campus-specific expense reports from College Student Right to Access Act and other fund sources will be periodically updated and reported annually as follows:
 - A. Each Student Health Services (SHS) center will submit itemized invoices in real time for expenses related to abortion readiness;
 - B. Expenses that receive College Student Right to Access Act funding approval from IRR will be annotated as such;
 - C. Expenses not covered by College Student Right to Access Act funds will be annotated as "other" fund sources;
 - D. Campus-specific and systemwide roll-up reports containing the above

information will be created and reported annually after the close of the fiscal year and submitted to the CCSWG for review.

Campus Participation/Number of Students Seen:

Campus Service Volume: Number of medication abortion procedures performed by participating campuses for FY 2020-2021:

UCSF	4
UCB	6
UCI	6
<u>System wide Total:</u>	<u>16</u>

Financial Tracking Data

College Student Right to Access Act reimbursement allocation approvals for FY 2020-2021, by campus:

UCSC	\$174,010
UCR	\$120,303
UCB	\$67,536
UCI	\$61,765
UCD	\$11,353

Systemwide Total Campus Reimbursements \$434,429

			Previous Years	FY 2020-2021	
MOU Category			Other fund Sources	Grant Funds	Other fund Sources
1. Equipment > \$5,000				\$ 424,033.33	\$ 15,495.00
2. Facility and security upgrades				\$ -	
Total Capitalized Costs				\$ 424,033.33	\$ 15,495.00
			Previous Years	FY 2020-2021	
Indirect Costs (F&A)			Other fund Sources	Grant Funds	Other fund Sources
3. Medical and Lab Supplies, Clinic Fixtures (under \$5K)				\$ 2,411.73	
4. Consultant/Content Specialist/				\$ 4,760.00	
5. Training Costs / Fees				\$ 1,000.00	
6. Salaries*				\$ 462.00	
7. Other Indirect Costs F&A				\$ 1,762.25	
Totals				\$ 434,429.31	\$ 15,495.00

Table 2: Systemwide Central Readiness Expenses at the UC Office of the President

Personnel	34,488.57
Insurance	215.84
Indirect (F&A)	10,411.34
Total Expenses	45,115.75

Total Central UCOP Reimbursement \$45,116

Total Systemwide UC Reimbursement from College Student Right to Access Act Funds
\$479,545

Closing Comments for Annual Update for College Student Right to Access Act

Implementation for FY 2020-2021

The University of California appreciates the assistance of the California Commission on the Status of Women and Girls in launching implementation readiness for the College Student Right to Access Act over the past fiscal year. Individual UC campuses have received a very high level of collaboration from Essential Access Health. EAH has worked with individual campuses in orchestrating staff training, sharing resources for provider training and providing information on the establishing Medi-Cal eligibility for selected students who may wish to do so. From an overall systemwide standpoint, UC has spent a total of \$479,545 of the \$2.2M in grant funding available for reimbursement for SB 24 readiness efforts.

Perhaps the single-most noteworthy influence in the early stages of UC's College Student Right to Access Act implementation has been the enormous demands placed on the UC campus Student Health Services (SHS) units to provide an effective and ongoing response to the COVID-19 Pandemic for the past 18 months, and the need for this effort to continue at a very high level for upcoming academic year. The SHS units are now charged with tracking COVID vaccination status (required of all UC students, staff, and faculty), as well as providing ongoing surveillance testing, contact tracing, and oversight of all campus-based quarantine and isolation procedures. Despite the pressures and demands created by the COVID-19 Pandemic, UC has managed to launch high-quality medication abortion services at three campuses in the initial year of implementation. Two additional campuses (UCSB and UCSD) have announced their intent to embark on the provision of these during the fall 2021 or winter 2022 academic terms.

The University of California Student Health Services leadership has spent the past year developing and deploying infrastructure and standardized processes essential to the delivery of safe, high-quality medication abortion services at all UC campuses in the very near future. While the need to respond to the COVID-19 pandemic will continue throughout the upcoming academic year, UC is monitoring readiness preparations at the remaining five campuses (UCD, UCM, UCSC, UCLA, and UCR), and anticipates that all campuses will be offering medication abortion services at their Student Health Services units by January 1, 2023, in compliance with College Student Right to Access Act legislation.

Appendix: College Student Right to Access Act Expenditures by Campus

UC Irvine

MOU Category			Other fund Sources	Grant Funds	Other fund Sources
1. Equipment > \$5,000					
Subtotal (Capitalized Costs)				\$ 55,577.00	
2. Facility and security upgrades					
Subtotal (Capitalized Costs)					
Total Capitalized Costs				\$ 55,577.00	
			Previous Years	FY 2020-2021	
Indirect Costs (F&A)			Other fund Sources	Grant Funds	Other fund Sources
3. Medical and Lab Supplies, Clinic Fixtures (under \$5K)					
Subtotal					
4. Consultant/Content Specialist/					
Subtotal				\$ 4,760.00	
5. Training Costs / Fees					
Subtotal					
6. Salaries*					
Subtotal					
7. Total Indirect Costs F&A					
Subtotal				\$ 1,428.00	
Totals				\$ 61,765.00	

UC Santa Cruz

			FY 19-20	FY 2020-2021	
MOU Category			Other fund Sources	Grant Funds	Other fund Sources
1. Equipment > \$5,000					
Subtotal (Capitalized Costs)			\$ -	\$171,470.59	\$0.00
2. Facility and security upgrades					
Subtotal (Capitalized Costs)			\$ -	\$0.00	\$0.00
Total Capitalized Costs			\$ -	\$171,470.59	\$0.00
			FY 19-20	FY 2020-2021	
Indirect Costs (F&A)			Other fund Sources	Grant Funds	Other fund Sources
3. Medical and Lab Supplies, Clinic Fixtures (under \$5K)					
Subtotal			\$ -	\$539.15	\$0.00
4. Consultant/Content Specialist/					
Subtotal			\$ -	\$0.00	\$0.00
5. Training Costs / Fees					
Subtotal			\$ -	\$1,000.00	\$0.00
6. Salaries*					
Subtotal			\$ -	\$462.00	\$0.00
7. Total Indirect Costs F&A			\$ -	\$0.00	\$0.00
Subtotal			\$ -	\$0.00	\$0.00
Totals Direct and Indirect Costs			\$ -	\$174,010.89	\$0.00

UC Riverside

			Previous Years	FY 2020-2021	
MOU Category			Other fund Sources	Grant Funds	Other fund Sources
1. Equipment > \$5,000					
Subtotal (Capitalized Costs)			-	\$ 120,303.00	\$ 15,495.00
2. Facility and security upgrades					
Subtotal (Capitalized Costs)			-	\$ -	\$ -
Total Capitalized Costs					
			Previous Years	FY 2020-2021	
Indirect Costs (F&A)			Other fund Sources	Grant Funds	Other fund Sources
3. Medical and Lab Supplies, Clinic Fixtures (under \$5K)					
Subtotal			-	\$ -	\$ -
4. Consultant/Content Specialist/					
Subtotal			-	\$ -	\$ -
5. Training Costs / Fees					
Subtotal			-	\$ -	\$ -
6. Salaries*					
Subtotal			-	\$ -	\$ -
7. Total Indirect Costs F&A					
Subtotal			-	\$ -	\$ -
Totals			-	\$ 120,303.00	\$ 15,495.00
				Grand Total	\$ 135,798.00

UC Berkeley

			FY 19-20	FY 2020-2021	
MOU Category			Other fund Sources	Grant Funds	Other fund Sources
1. Equipment > \$5,000					
Subtotal (Capitalized Costs)			\$ -	\$ 65,556.35	\$ -
2. Facility and security upgrades					
Subtotal (Capitalized Costs)			\$ -	\$ -	\$ -
Total Capitalized Costs					
			FY 19-20	FY 2020-2021	
Indirect Costs (F&A)			Other fund Sources	Grant Funds	Other fund Sources
3. Medical and Lab Supplies, Clinic Fixtures (under \$5K)					
Subtotal			\$ -	\$ 1,872.58	\$ -
4. Consultant/Content Specialist/					
Subtotal			\$ -	\$ -	\$ -
5. Training Costs / Fees					
Subtotal			\$ -	\$ -	\$ -
6. Salaries*					
Subtotal			\$ -	\$ -	\$ -
7. Total Indirect Costs F&A					
Subtotal			\$ -	\$ 107.41	\$ -
Totals			\$ -	\$ 67,536.34	\$ -

UC Davis

			FY 19-20	FY 2020-2021	
MOU Category			Other fund Sources	Grant Funds	Other fund Sources
1. Equipment > \$5,000					
Subtotal (Capitalized Costs)				11,126.39	
2. Facility and security upgrades					
Subtotal (Capitalized Costs)					
Total Capitalized Costs					
			FY 19-20	FY 2020-2021	
Indirect Costs (F&A)			Other fund Sources	Grant Funds	Other fund Sources
3. Medical and Lab Supplies, Clinic Fixtures (under \$5K)					
Subtotal					
4. Consultant/Content Specialist/					
Subtotal					
5. Training Costs / Fees					
Subtotal					
6. Salaries*					
Subtotal					
7. Total Indirect Costs F&A				226.84	
Totals				11,353.23	

University of California Hastings (UC Hastings)

The University of California, Hastings College of the Law is a public law school. Although part of the University of California, UC Hastings is not directly governed by the Regents of the University of California and is “affiliated with the University of California” (Educ. Code, § 92201).

1. Since August 2020, UC Hastings has outsourced its provision of student health services by contract to a third party, Carbon Health Technologies Inc., and Direct Urgent Care Inc. (collectively, “Carbon Health”). UC Hastings’ current contract with Carbon Health is effective until August 2023.
 - A. The number of student health centers that provide abortion by medication techniques.
 - Carbon Health does not currently offer medication abortion. However, in December 2021, Carbon Health will start offering medication abortion in 14 Carbon Health clinics throughout California. Carbon Health will also offer this service virtually for patients that reside in California.
 - B. The number of abortions by medication techniques performed at student health centers, disaggregated, to the extent possible, by student health center.
 - Carbon Health has not yet provided medication abortion services and will not beginning doing so until the end of 2021.
 - C. The total amount of funds received by each system and provided to the system’s student health centers that are expended on medication abortion readiness, and, separately, the total amount of any other funds expended on medication abortion readiness and the source of those funds, disaggregated by function and, to the extent possible, disaggregated by student health center.
 - UC Hastings has completed its Memorandum of Understanding (MOU) with the California Commission on the Status of Women and Girls (CCSWG) and been allocated \$200,000 for medication abortion readiness. However, UC Hastings not yet received such funds. UC Hastings will use approximately 75% of these funds to enable Carbon Health to provide the medication abortion service to UC Hastings students. UC Hastings students will be able to access this service in 14 different locations throughout California, as well as virtually. The exact amount of funds spent for this purpose will be determined as Carbon Health moves forward to implement and perform such services.

California State Universities (CSU)

In summer 2020, the California State University (CSU) established the SB24 Work Group comprised of a diverse leadership from the student health services units representing small and large campuses, rural and urban locations, and full/minimal health clinic settings. The group is developing a comprehensive implementation plan for the delivery of medication abortion services to CSU students by January 2023.

The group administered a systemwide campus readiness survey in the fall of 2020 which illuminated the challenges, opportunities for partnership and preliminary recommendations to ensure a successful implementation. The CSU is developing a Memorandum of Understanding (MOU) with the California Commission on the Status of Women & Girls (CCSWG) as the liaison agency for one-time funding (\$4.8M) and for the annual reporting requirements. The agreement will be executed once all terms and conditions have been reviewed by both parties. In addition, the CSU has established a relationship with Essential Access Health to provide timely and appropriate training to all CSU health center staff. The CSU will ensure implementation of SB 24 medication abortion by January 2023.

Operational Readiness – CSU Service Model Update:

The CSU partnership with Essential Access Health has been key to understanding the current landscape of best practices in the provision of medication abortion. Originally thought to require an ultrasound to date all pregnancies, the standard of care has shifted to conducting an ultrasound only in cases where it is needed. This has reduced the necessity for every CSU to maintain timely and specialized skills of their medical staff. In addition, the use of telehealth as a service delivery model has become the standard of care. This will facilitate access to healthcare providers outside of the student health centers for consultation, assistance, and after-hours care, as needed. In order to provide quality care, CSU providers will need Obstetrics resources to contact at all hours. Provider-to-provider connectivity will ensure timely and on-going provider education critical to student wellbeing. Finally, the Food and Drug Administration's recent loosening of restrictions on where women can obtain abortion pills, including a long-standing requirement that the medication be picked up in person will broaden access and allow more pharmacies, including mail-order services, to distribute the medication. This permanent approval along with recent decreases in the cost of such medications will facilitate increased access and affordability for students. The unforeseen positive impact of the COVID-19 pandemic on the standard of care for providing medication abortion will make the provision of this service more accessible and affordable for students.

Operational Readiness – Risk Assessment:

The survey included risk assessment questions to determine any safety/security concerns related to the provision of medication abortion services on site. The aging nature of campus student health center facilities across the CSU system will require

unique and diverse approaches to ensuring the safety of both students and providers. The work will be approached from a lens that ensures the patient experience is of primary importance. The safety of students and providers alike in the ingress and egress from campus facilities will also be impacted by the highly conservative political environments some of the CSU campuses are positioned within. The group recommends resources be invested to conduct a security assessment of each campus.

Initial Steps:

The planned service delivery model in the CSU will ensure implementation of SB24 medication abortion by January 1, 2023. The model will include a combination of the following strategies:

1. Fully CSU student health center on-site provision of medication abortion to students.
2. Hybrid model: CSU student health center on-site provision of care combined with telehealth medical providers, as needed.

Campus Participation/ Number of Students Seen

As of this time, no CSU campus student health centers are providing medication abortion. As noted above, the CSU is working to ensure that all 23 student health centers will be prepared and equipped to provide this service to students effective January 1, 2023.

Financial Tracking Data and overview

The CSU will receive \$4,800,000 from the CCSWG once the MOU agreement between the Commission and the CSU is fully executed. In accordance with Education Code Section 99251(b)(3)(A), the CSU, Office of the Chancellor will allocate monies to each of the 23 campuses for costs, both direct and indirect, of medication abortion readiness. The CSU, Office of the Chancellor is authorized to use \$200,000 to pay for the cost, both direct and indirect, of medication abortion readiness for its own university system.

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